



**ROUTINE PROCEDURES REQUEST AND INFORMED CONSENT**

**Important: Do not sign this form without reading and understanding its contents. If filling this form out on a computer, typing your full name into the Signature block can serve as your signature.**

**Patient's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

During the course of my care and treatment, I understand that various types of tests, diagnostic or treatment procedures ("Procedures") may be necessary. These Procedures may be performed by physicians, nurses, technologists, technicians, physician assistants or other healthcare professionals ("Healthcare Professionals").

While routinely performed without incident, there may be material risks associated with each of these Procedures. I understand that it is not possible to list every risk for every Procedure and this form only attempts to identify the most common material risks and the alternatives (if any) associated with the Procedures. I also understand that various Healthcare Professionals may have differing opinions as to what constitutes material risks and alternative Procedures.

The Procedures may include, but are not limited to the following:

- (1) **Needle Sticks**, such as shots, injections, intravenous lines, or intravenous injections (IVs). The material risks associated with these types of Procedures include, but are not limited to, nerve, damage, infection, infiltration (which is fluid leakage into surrounding tissue), disfiguring scar, loss of limb function, paralysis or partial paralysis or death. Alternatives to Needle Sticks (if available), include oral, rectal, nasal, or topical medications (each of which may be less effective) or refusal of treatment.
- (2) **Physical tests, assessments and treatments** such as vital signs, internal body examinations, wound cleansing, wound dressing, range of motion checks, and other similar procedures. The material risks associated with these types of Procedures include, but are not limited to, allergic reactions, infection, severe loss of blood, muscular-skeletal or internal injuries, nerve damage, loss of limb function, paralysis or partial paralysis, disfiguring scar, worsening of the condition and death. Apart from using modified Procedures and/or refusal of treatment, no practical alternatives exist.
- (3) **Administration of Medications** whether orally, rectally, topically or through my eye, ear or nose. The material risks associated with these types of Procedures include but are not limited to, perforation, puncture, infection, allergic reaction, brain damage or death. Apart from varying the method of administration and/or refusal of treatment, no practical alternatives exist.
- (4) **Drawing Blood, Bodily Fluids or Tissue Samples** such as that done for laboratory testing and analysis. The material risks associated with this type or Procedure include, but are not limited to, paralysis or partial paralysis, nerve damage, infection, bleeding or loss of limb function. Apart from long-term observation and/or refusal of treatment, no practical alternatives exist.
- (5) **Insertion of Internal Tubes** such as bladder catheterizations, nasogastric tubes, rectal tubes, drainage tubes, enemas, etc. The material risks associated with these types of Procedures include, but are not limited to, internal injuries, bleeding, infection, allergic reaction loss of bladder control and/or difficulty urinating after catheter removal. Apart from external collection devices or refusal of treatment, no practical alternatives exist.

I understand that:

- ◆ The physician, medical personnel and other assistants will rely on statements about the patient, the patient's medical history, and other information in determining whether to perform the procedure or the course of treatment for the patient's condition and in recommending the procedure or treatment which has been explained.
- ◆ The practice of medicine is not an exact science and that **NO GUARANTEES OR ASSURANCES HAVE BEEN MADE TO ME** concerning the results of this Procedure.
- ◆ That during the course of the procedure or treatment described above it may be necessary or appropriate to perform additional procedures or treatments that are unforeseen or not known to be needed at the time this consent is given. I consent to and authorize the persons described herein to make the decisions concerning such procedures and treatments. I also consent to and authorize the performance of such additional procedures and treatments as they deem necessary.
- ◆ I also consent to diagnostic studies, tests, anesthesia, x-ray examinations and any other treatment or procedure or courses of treatment relating to the diagnosis or procedures described herein.
- ◆ I also consent that any tissue, specimens, organs or limbs removed from the patient's body in the course of any procedure or treatment may be tested or retained for scientific or teaching purposes and then disposed of within the discretion of the physician, facility or other health care provider.

By signing this form:

- ◆ I acknowledge that I have read or had this form read and/or explained to me;
- ◆ That I fully understand its contents;
- ◆ That I have been given ample opportunity to ask questions and that any questions have been answered satisfactorily. All blanks or statements requiring completion were filled in and all statements I do not approve of were stricken before I signed this form.

I hereby voluntarily request and consent to the performance of the procedures or treatments described or referred to herein by

Dr. \_\_\_\_\_ and any other physicians or medical personnel who may be involved in the course of my treatment.

Signature of Patient (or person giving consent)	Relationship	Date
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**Patient unable to sign because:** \_\_\_\_\_ **Witness** \_\_\_\_\_

**Additional materials used, if any, during the informed consent process for this procedure included:**

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